## PART B - FEE(S) TRANSMITTAL

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maintenance fee notification	ons.	in block 1, by (	(a) specifying	a new correspondence ac	ides will be mai	led to the currer indicating a ser	nt correspondence address as	
7	7590 03/31/2005	SUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where orders and notification of maintenance fees will be mailed to the current correspondence address as (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
Arnold Internation P.O. Box 129 Great Falls, VA 22 4/05/2005 HGUTEMA2 000	2066	OIP	2005		Contidient			
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APPLICATION NO.	FILING DATE	ENT & TRA			(Date)			
10/770,462	02/04/2004			ED INVENTOR	ATTORNEY DOCKET		CONFIRMATION NO.	
TITLE OF INVENTION: THREE-GROUP ZOOM LENS INCLUDING				ıya Ori	2	25-261 1353		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL	FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	)	\$300		1700	06/30/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS				
SPECTOR, DAVID N		2873		359-684000	359-684000			
1. Change of correspondence CFR 1.363).	e address or indication of "Fe	e Address" (37	2. For prir	nting on the patent front pag	ge, list			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(I) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  2 Jon W. Henr Bruce Y. Ar					
. ASSIGNEE NAME AND	RESIDENCE DATA TO BE	PRINTED ON T		•			<del></del>	
PLEASE NOTE: Unless	an assignee is identified bel 37 CFR 3.11. Completion of	ow so acciones	data will ann		ssignee is identif	ed below, the de	ocument has been filed for	
(A) NAME OF ASSIGNE				CE: (CITY and STATE OR	COUNTRY)			
FUJINON CO	SAITAMA CITY, JAPAN							
	assignce category or categor	ies (will not be pri	inted on the p	atent): 🗖 Individual 🔏	Corporation or	other private gro	oup entity Government	
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Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
	(from status indicated above)							
	MALL ENTITY status. See 3		b. Applic	ant is no longer claiming S	MALL ENTITY	status. See 37 CI	FR 1.27(g)(2).	
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Typed or printed name	Registration No. 28, 493							
his collection of informatio	n is required by 37 CFR 1.31	1. The information	n is required t	to obtain or retain a benefit	by the public wh	ich is to file (and	by the USPTO to process)	

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